



225074

FAX TRANSMITTAL SHEET



Office of Regulatory Staff
PO Box 11263
Columbia, SC 29211

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JUL 30 2010

Date: 7/25/10 OFFICE OF REGULATORY STAFF

Deliver To: PUBLIC SAFETY COMMISSION

FROM: LAURENS TAXI CABLLC Fax: TO: 803 896 5199

Subject: CHANGE SCOPE OF AUTHORITY

Number of Pages (including this cover sheet): 3

This Fax is From: George Parker, Program Manager
Transportation

LAURENS
TAXI
CABLLC

~~(803) 727-6884 Voice~~
~~(803) 727-6885 Fax~~

☐ For Review

☐ Please Reply

☐ Urgent

Message / Comments:

CHANGE SCOPE OF AUTHORITY TO
STATE WIDE

Attorney-Client Privileged Communications FOIA Exempt pursuant to S.C. Code Ann. § 30-4-40(a)(7)

The information contained in this facsimile is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this facsimile is strictly prohibited. If you have received this facsimile in error, please notify us immediately by telephone and return the original message to us at the address above via the United States Postal Service.

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application to BE
STATEWIDE Authorized
to SERVICE TAXI

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2010 - 145 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: ANTONIO ALVAREZTelephone: 8642382238

Address: 2745 ANDERSON RD #87
GREENVILLE SC 29611

Fax: _____

Other: _____

Email: LAURENS TAXI CAB@hotmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input checked="" type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input checked="" type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



CLASS C AMENDMENT FORM

File the original with: Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
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DATE: 7-30-10Docket # 2010-145-T

I have the following Certificate:

☒ Class C Taxi # 8275-8
☐ Class C Charter # _____
 ☐ Class C Charter Bus # _____
☐ Class C Non-Emergency # _____

Please consider this as my request for the following amendment(s) to my Certificate:

☐ **Name Change**

From: _____ DBA: _____
 (Current Name) (Current DBA if applicable)

TO: _____ DBA: _____
 (New Name) (New DBA if applicable)

☒ **Scope of Authority**
 From: Laurens, Spartanburg, Union, Abbeville, Greenwood and Westminster Counties
 (Current Scope)

To: Statewide
 (New Scope)

☐ **Passenger Limit**

From: _____ To: _____
 (Current Limit Number) (New Limit Number)

Laurens Taxi Cab, LLC
 (Name & DBA if applicable)

2745 ANDERSON RD #87
 (Street and/or Mailing Address)

GREENVILLE SC 29611
 (City, State, Zip Code)

[Signature]
 (Signature)

(864) 238 2238
 (Telephone Number)

OWNER
 (Title) Owner, President, etc.